

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. D. A. Schulte
9317
State File No.

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cherokee			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Baxter Springs 8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 525 Lincoln			
3. NAME OF DECEASED (Type or Print)		a. (First) Marquita E.		b. (Middle) Shaffer		c. (Last)	
4. DATE OF DEATH		(Month) 2		(Day) 14		(Year) 50	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 28 1907		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work if doing more than one kind)		10b. KIND OF BUSINESS OR INDUSTRY Clean Home		11. BIRTHPLACE (State or foreign country) Baxter Springs Kas		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Chas Sutton		13b. MOTHER'S MAIDEN NAME Silba Sawyer		14. NAME OF HUSBAND OR WIFE Ernest Shaffer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ernest Shaffer ADDRESS Baxter Springs Kas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Omentum & generalized melanosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 158X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) :		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 6:25 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Ed Schulte		(Degree or title)		23b. ADDRESS Louis G. Schulte		23c. DATE SIGNED 2-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-14-50		24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery		24d. LOCATION (City, town, or county) (State) East of Baxter Sp. Kas	
DATE REC'D BY LOCAL REG. 2-15-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495

RECEIVED 2-27-50

Jasper County Health Office

County File Number 50-3-139

Date Filed ~~50x~~ 3-16-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Wene Funeral Home

working under my personal supervision.

Student Embalmer No.

Signed

J. Lance Wene

Signed.....
Student Embalmer

Licensed Embalmer No. 2880 mmo⁷

P. O. Address Bayter Shgs Kas.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.